

STATE OF MICHIGAN  
 DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET  
 PROCUREMENT  
 P.O. BOX 30026, LANSING, MI 48909  
 OR  
 525 W. ALLEGAN, LANSING, MI 48933

**CHANGE NOTICE NO. 1**  
 to  
**CONTRACT NO. 071B5500013**  
 between  
**THE STATE OF MICHIGAN**  
 and

NAME & ADDRESS OF CONTRACTOR	PRIMARY CONTACT	EMAIL
Aetna Better Health Of Michigan, Inc.  1333 Gratiot  Detroit MI, 48207	Beverly Allen	baallen@aetna.com
	PHONE	CONTRACTOR'S TAX ID NO. (LAST FOUR DIGITS ONLY)
	313-465-1517	*****2897

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
PROGRAM MANAGER / CCI	DHHS	Kevin Dunn	(517) 335-5096	dunnk3@michigan.gov
CONTRACT ADMINISTRATOR	DTMB	Lance Kingsbury	(517) 284-7017	KingsburyL@michigan.gov

CONTRACT SUMMARY			
<b>DESCRIPTION:</b> Demonstration Program to Integrate Care for Persons Eligible for Medicare and Medicaid			
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
October 1, 2014	December 31, 2015	2 - 1 Year	December 31, 2015
PAYMENT TERMS		DELIVERY TIMEFRAME	
N/A		N/A	
ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING
<input type="checkbox"/> P-card <input type="checkbox"/> Direct Voucher (DV) <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
MINIMUM DELIVERY REQUIREMENTS			
N/A			

DESCRIPTION OF CHANGE NOTICE				
EXERCISE OPTION?	LENGTH OF OPTION	EXERCISE EXTENSION?	LENGTH OF EXTENSION	REVISED EXP. DATE
<input checked="" type="checkbox"/>	Two years	<input type="checkbox"/>		December 31, 2017
CURRENT VALUE		VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE	
\$125,000,000.00		\$0.00	\$125,000,000.00	

**DESCRIPTION:**

Effective November 15, 2015. The two (1) year options available on this contract is hereby exercised. The revised contract expiration date is December 31, 2017.

All other terms, conditions, specifications, and pricing remain the same. Per Aetna Better Health of Michigan Inc. DHHS agreement and DTMB approval.

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 PROCUREMENT  
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**CONTRACT NO. 071B5500013**  
 between  
**THE STATE OF MICHIGAN**  
 and

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
Aetna Better Health of Michigan, Inc. 1333 Gratiot, Suite #400 Detroit, MI 48207	Beverly A. Allen	baallen@cvty.com
	TELEPHONE	CONTRACTOR #, MAIL CODE
	313-465-1517	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
CONTRACT COMPLIANCE INSPECTOR:	MDCH	Kevin Dunn	517-335-5096	<a href="mailto:Dunnk3@michigan.gov">Dunnk3@michigan.gov</a>
BUYER:	DTMB	Lance Kingsbury	517-284-7017	<a href="mailto:kingsburyl@michigan.gov">kingsburyl@michigan.gov</a>

CONTRACT SUMMARY:			
<b>DESCRIPTION: Demonstration Program to Integrate Care for Persons Eligible for Medicare and Medicaid</b>			
<b>INITIAL TERM</b>	<b>EFFECTIVE DATE</b>	<b>INITIAL EXPIRATION DATE</b>	<b>AVAILABLE OPTIONS</b>
1 Year; 3 months	October 1, 2014	December 31, 2015	2, 1 Year Options
<b>PAYMENT TERMS</b>	<b>F.O.B</b>	<b>SHIPPED</b>	<b>SHIPPED FROM</b>
N/A	N/A	N/A	N/A
<b>ALTERNATE PAYMENT OPTIONS:</b>			<b>AVAILABLE TO MiDEAL PARTICIPANTS</b>
<input type="checkbox"/> P-card <input type="checkbox"/> Direct Voucher (DV) <input type="checkbox"/> Other			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>MINIMUM DELIVERY REQUIREMENTS:</b>			
<b>MISCELLANEOUS INFORMATION:</b>			
<b>ESTIMATED CONTRACT VALUE AT TIME OF EXECUTION:</b>			<b>\$125,000,000.00</b>

**THIS IS NOT AN ORDER:** This Contract Agreement is awarded on the basis of our inquiry bearing the solicitation #0071141113B0000292. Orders for delivery will be issued directly by the Department of Technology, Management & Budget through the issuance of a Purchase Order Form.

**Notice of Contract #: 071B5500013**

FOR THE CONTRACTOR:	FOR THE STATE:
CoventryCares of Michigan, Inc.	
Firm Name	Signature
Authorized Agent Signature	Name/Title
Authorized Agent (Print or Type)	DTMB Procurement Enter Name of Agency
Date	Date